



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/8/06

To: Stator

From: SHCU

Inmate Name: Boyd, Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

No Prolonged Standing > 15 min x 90 days

Date: 9/8/06 MD Signature: [Signature] Time: _____

Exhibit A

60418

**SPECIAL NEEDS COMMUNICATION FORM**

Date: 9/12/06
To: Station / DOC
From: CH-11
Inmate Name: Boyd, Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Double Portion x 120 days

Date: 9/12/06 MD Signature: [Signature] Time: 0855

Exhibit A

60418



SPECIAL NEEDS COMMUNICATION FORM

Date: 9/9/06
To: ADOC: Station
From: HSU
Inmate Name: Boyd, Courtney ID#: 208921

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other Back brace & bilateral insoles
x 90 days

Comments:

~~[Scribbled out text]~~

Date: 9/9/06 MD Signature: [Signature] UPN Time: 8:30

Exh. B-7A

60418